

# COMMENT FORM

## Southwest Wastewater Facility Siting Study

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**What are your most important siting criteria?**

**General Comments regarding this project:**

**What suggestions or modifications would you like to see addressed?**

**Is there any additional information you would like regarding this project?**

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